The Department of Health Care Services
Medi-Cal Dental Program
General Anesthesia Report
Reporting Period: Calendar Year 2019
Published Date: December 2020

Scope and Methodology

Pursuant to Welfare & Institutions Code Section14132.915(a)(3)(F) and (j)(3), utilization is based on Medi-Cal members who required and received general anesthesia (GA) services for dental procedures through the Dental Fee-for-Service (FFS) and Dental Managed Care (DMC) delivery systems. This report only captures GA utilization on dental services billed through the dental delivery systems and not through Medi-Cal FFS or Managed Care. Medi-Cal members who required GA are captured by both approved treatment authorization requests (TAR) during Calendar Year (CY) 2019 (January 1, 2019 through December 31, 2019), and paid dental claims with dates of service in CY 2019. Medi-Cal members are divided into two age groups (children ages 0-20 and adults age 21 and older) and dental delivery systems (FFS and DMC).

The two Current Dental Terminology (CDT) codes used to identify GA services are CDT code D9220, which covers the first 30 minutes of GA, and CDT code D9221, which covers each additional 15 minutes of GA. Medi-Cal providers have six (6) months from the TAR approval date to render the service and one year from the date of service to submit the claim to Medi-Cal for reimbursement for the dental services rendered. Therefore, the number of TARs approved is higher than the number of paid claims for the same period, as time is needed for rendering services, claims submission, and claims processing for payment.

Results

Number of Members	FFS Children (Age 0-20)	FFS Adults (Age 21+)	DMC Children (Age 0-20)	DMC Adults (Age 21+)
Required GA services with an approved TAR	47,246	19,301	2,759	477
Received GA services with a paid claim	40,742	17,702	2,514	420

Data Source: DHCS Fiscal Intermediary's Data Warehouse and DMC Annual Reports as of November 2020.